INSPECTION PACKAGE - COVER PAGE

Facility Name Berkshire Power, LLC
Street Address 36 Moylan Lane
Town Agawam Zip 01001

FMF# 274425
Inspector R. Wineberg
Insp. Date June 5, 2002

"Is it all there?" CHECKLIST

- ☑ Yellow FMF Form to Robbie 6/27/02 (date)
- ☑ Pre-FMF Printout to Robbie 6/27/02 (date)
- ☑ Pre-FMF Printout for Insp. Pkg
- ☐ GIS Map to Robbie . _____ (date)
- ☑ FIRST Inspection Form
- ☐ Stage II Inspec. Forms (Boston's and JV's)
- ☑ Inspection Summary/Report/Memo
- ☐ Sig. Violator Forms
- ☐ Complaint Log Form/Telephone Memorandum
- ☐ EO 350 Check, if state facility (see Rick Larson)
- ☑ SEIS Printout (Air Pollution)
- ☐ HW TSDF or LQG Checklist (TSDF: Treatment, Storage, or Disposal Facility
- ☐ RCRA Inform Form (see J. Downes) (for facilities in RCRIS)
- ☐ Copy of In-House Application Cover Page, if enforcement is required (see John Kirzec)
- ☑ Chemical Overview Printout & Form S Cover Sheet, if LQTU
- ☐ Other _____

DATA FOR EXCEL DATABASE

SIC Code: 4911 # of Employees: 19

Announced? ☒ Yes ☐ No

Enforcement? ☐ Yes ☒ No

Enf. Type: ☐ NON ☐ FNON ☐ ACO ☐ ACOP ☐ PAN ☐ EXPAN ☐ Other _____

Enf. Prog. Area(s): ☐ AQ ☐ HW ☐ IWW ☐ TUR

Program	Pre-Insp. Status	Post-Insp. Status
AQ		
HW		
WO		
IWW		
TUR		

CHAIN OF CUSTODY

Inspector → Supervisor → Section Chief → Inspector → File

FROM	TO	DATE
RW	Saadi	6/26/02
SM	RW	6/27/02

FROM	TO	DATE

FIRST Compliance Evaluation Inspection Report

FACILITY NAME:	Berkshire Power, LLC		
FACILITY ADDRESS:	36 Moylan Lane, Agawam		
FACILITY CONTACT:	Frank Basile, General Manager		
DEP STAFF:	Robert Wineberg		
INSPECTION DATE:	June 5, 2002	INSPECTION FORM DATE: June 24, 2002	FMF # 274425
OBJECTIVE OF INSPECTION:	An announced multimedia inspection to determine compliance with the following BWP programs; AIR QUALITY, HAZARDOUS WASTE, INDUSTRIAL WASTEWATER, and TURA.		

COMPLIANCE ASSESSMENT *(According to the guideline protocol, was any non-compliance found in)*:

Air Quality:	YES ☐	NO ☒
Hazardous Waste:	YES ☐	NO ☒
Industrial Wastewater:	YES ☐	NO ☒
TURA:	YES ☐	NO ☒

Referral needed to other program: N/A

A. ENFORCEMENT HISTORY:

Berkshire Power, LLC was issued a Notice of Noncompliance (NON) on April 2, 2002 for exceeding the permit limit for NOx on October 8 and 10, 2001. The exceedances were apparently the result of a tube leak in the HRSG and a malfunction of the ammonia control valve. Berkshire Power responded to the NON in writing on April 26, 2002. The response was determined to be satisfactory. The problems were corrected during a facility outage from October 13-18, 2001 and the facility has been in compliance since then.

B. BRIEF VIOLATION SUMMARY:

No violations were observed or recorded during this inspection.

C. BRIEF SOURCE REDUCTION SUMMARY:

No source reduction activities noted.

D. GENERAL FACILITY DESCRIPTION (VISUAL INSPECTION):

Berkshire Power, LLC operates a combined cycle independent power facility of approximately 272 MW, net nominal output. The facility consists of a combustion turbine with a nominal capacity of 172 MW and a heat input of 1792 MMBtu/hr at 59 degrees F, a heat recovery steam generator (HRSG) with no supplemental gas duct firing, a nominal 100 MW condensing steam turbine generator, a wet mechanical cooling tower, and ancillary equipment.

The hot gases exit the turbine and pass through a HRSG which is used to produce steam. The exhaust gases pass through the HRSG and are vented to atmosphere through a round, metal stack which stands 125 above ground level. Upstream of the stack the exhaust gases pass through an oxidation catalyst which is designed to control carbon monoxide (CO) emissions. In addition, oxides of nitrogen (NOx) emissions from the combustion turbine are controlled by the use of dry low NOx combustion technology. Additional NOx control is achieved through the use of a selective catalytic reduction (SCR) system which housed within the HRSG. NOx emissions from the combustion turbine and gas-fired chiller engines will also be controlled by the SCR system. Water injection and the SCR system will be used during oil firing which is permitted as a backup. **To date, the unit has been fired exclusively on natural gas.**

E. AIR QUALITY:

Berkshire Power, LLC maintains a continuous emission monitoring system (CEMS) for the following pollutants: CO, NOx, ammonia and opacity. Pursuant to the Department's Conditional Approval, dated October 26, 1999, Berkshire Power, LLC is required to conduct annual emissions tests for ammonia, particulate matter, volatile organic compounds and formaldehyde along with RATA tests for the CEMS. These tests were being done at the time of this inspection. The facility was operating at near full load (without chiller engines) for the RATA and part of the emissions tests. There were no visible emissions from the exhaust stack during this time. Please refer to the "Stack Test" file for test results and memoranda relative to emission compliance tests conducted at the facility during calendar years 2000 and 2001.

Frank Basile and I walked along the periphery of the plant and listened for sound emanating from the plant. During this time I noted that there are sound absorbing panels located along the base of the facility's cooling tower. In my opinion there were no sounds emanating from the facility that would generate a nuisance condition in the area.

F. HAZARDOUS WASTE:

Berkshire Power, LLC generates waste oil from the maintenance of plant equipment. The plant is listed as a VSQG for waste oil (#MV4137890075). The waste oil is stored properly, the drums are dated, and the waste oil is removed from the facility according to the appropriate time schedule.

G. INDUSTRIAL WASTEWATER:

Berkshire Power, LLC has obtained all required permits and approvals. Please refer to copies of the permits attached to this report.

H. TURA:

Berkshire Power is a TURA filer for sulfuric acid and sodium hydroxide which are used for boiler feed water treatment wastewater neutralization, respectively. See attached EPA Form R and MADEP Form S.

Berkshire Power, LLC

April 26, 2002

DEBP0035
File: 4116

Department of Environmental Protection
Bureau of Waste Prevention
436 Dwight Street
Springfield, MA 01103

Attention: Mr. Saadi Motamedi
Compliance and Enforcement Chief

Subject: Berkshire Power LLC
Enforcement Document No. NON-WE-02-7003

Dear Mr. Motamedi:

Berkshire Power LLC is providing this letter as specified in the Notice of Noncompliance dated April 2, 2002. This letter provides a detailed description of the sequence of events and corrective action taken with respect to reported NO_x excess emissions on October 8 and 10, 2001.

Berkshire Power experienced elevated NO_x readings following the startup on October 8th, which resulted in the 1-hour NO_x exceedance reported on this day. Initially, this elevated NO_x reading was thought to be the result of moisture carryover into the analyzer due to a tube leak in the heat recovery steam generator. The filters and dryers were replaced in the sample inlets to the CEMS analyzers. This seemed to correct the problem, as no further problems were experienced during this baseload run.

However, a similar occurrence of elevated NO_x levels was experienced following the startup on October 10th, also resulting in a reported 1-hour NO_x exceedance. The unit shut down for repair of the tube leak and a combustor inspection on October 12th. During this shutdown, the ammonia control valve was inspected and was found to have a misshapen feedback arm, which provided a false feedback indication in relation to the valve position. The arm was replaced and the valve was recalibrated.

The NOx exceedances on October 8th and 10th were a result of this misshapen feedback arm, which was discovered and repaired during the outage from October 12th – 18th.

36 Moylan Lane, Agawam, MA 01001 ⁄ Telephone: (413) 789-0075 ⁄ Fax: (413) 789-0701

Berkshire
Power, LLC

We would like to note that there was one other reported 1-hour NOx exceedance in October, on October 19th. In our monthly report, this was reported to be due to an ammonia flow control problem. The problem that caused this exceedance was unrelated to the misshapen feedback arm. The October 19th exceedance was due to a problem with the ammonia trim feedback control loop for the SCR system, which caused a 1-hour exceedance due to low ammonia flow to the SCR. This problem was resolved during the outage that began on October 19th.

Berkshire Power will ensure in future monthly reports that a more thorough explanation of any excess emissions and associated corrective action is provided. Berkshire Power has been and continues to be committed to ensuring that emissions are maintained with permit limits at all times during operation, and that any problems that might be experienced are resolved as quickly as possible.

Please contact me at (413) 789-0075 if you have any questions.

Respectfully,

Frank Basile
General Manager

FMB:sms

Co[illegible]n of Mass Department of Environmental [illegible]otection

PRE-INSPECTION ACTIVITY REPORT (PREINSACT.RDF Version 3.6 - 03-AUG-2000)

BERKSHIRE POWER LLC

Account Number : 274425

SIC 4911

Facility Information

BERKSHIRE POWER LLC

36 MOYLAN LANE

AGAWAM, MA 01001-0000

Phone : 413-786-5640

Contact 1 :

Class : FACILITY

COMMENTS

DEP Region : WE

Primary SIC Code : 19

Employees :

TUR Survey Info Avail : N

Ongoing Enforcement ? Y

SUBMITTED BY : PCZAPIENSKI

Fac Start Date: 13-MAR-1996

Fac End Date

Facility Regulated By (Includes ENDED r.o.s and classifications)

Prg/Reg	R.O. Acct	R.O. Type	R.O End	Related ID's	Classif.	Qty	Primary?	Class End
IWW-WE	274426	TYPE1						
AQ-WE	299304	PLANT		0420067	A1-MAJ	1	N	28-SEP-1999
					OP2	1	N	28-SEP-2000
					OP7.5	1	Y	28-NOV-2001
					OP5.5	1	N	
TUR-WE	335686	TURRPT		01001BRKSH36MYL	LQTU	1	Y	
AQ-WE	337747	PLANT	28-SEP-1999	0420067	A1-MAJ	1	N	28-SEP-1999

Permit Information

Permit Type	Permit ID	Status	Action Date	Final Decision	Decision Date	Agency
AQ23 PERSCRIBED OR ALTERNATIVE NOX EMISSION	1E01059	APPROV	05-MAR-2002	APPROV	05-MAR-2002	AQ-WE
AQ15 GROUP A OPERATING PERMITS		PREAPP	28-SEP-2000		28-SEP-2000	AQ-WE
AQ15 GROUP A OPERATING PERMITS		PREAPP	28-SEP-2000		28-SEP-2000	AQ-WE
AQ02 NON-MAJOR COMPREHENSIVE PLAN APPLICATI	1X99034	APPROV	26-OCT-1999	APPROV	26-OCT-1999	AQ-WE
AQ02 NON-MAJOR COMPREHENSIVE PLAN APPLICATI	1X99033	APPROV	26-OCT-1999	APPROV	26-OCT-1999	AQ-WE
IW24 SEWER CONNECTION: PLAN APPROVAL FOR TY		APPROV	23-JUN-1999	APPROV	23-JUN-1999	IWW-WE
AQ19 CERTIFY ECP / NOX CAP W/O PUBLIC COMMEN	1E99016	APPROV	05-MAY-1999	APPROV	05-MAY-1999	AQ-WE
AQ03 MAJOR COMPREHENSIVE PLAN APPLICATION	1X95093	APPROV	22-SEP-1997	APPROV	22-SEP-1997	AQ-WE

Co. n of Mass Department of Environmental . .otection

PRE-INSPECTION ACTIVITY REPORT (PREINSACT.RDF Version 3.6 - 03-AUG-2000)

BERKSHIRE POWER LLC

Account Number : 274425

Performed Action History (INSpections, VIOlations, ENForcements, SCReenings, SeLFreporting, CoMPlaints, CORrespondence (except billing and right to know info))

Program / Region	Activity Category/Type	Activity Description	Date of Activity	Date Closed	Performed By	RoType	Class
DEP-WE	ENF /NON	NOTICE OF NON-COMPLIANCE	02-APR-2002		M. SIMPSON	DEPF	
AQ-WE	ENF /NON	NOTICE OF NON-COMPLIANCE	02-APR-2002		M. SIMPSON	PLANT	OP5.5
DEP-WE	SLF /STACK	STACK TEST REPORT	16-NOV-2001	20-DEC-2001	R. WINEBERG	DEPF	
DEP-WE	SLF /STACK	STACK TEST REPORT	07-JUN-2001	16-JUL-2001	R. WINEBERG	DEPF	
DEP-WE	INS /INSA-A	ANNOUNCED INSPECTION RELATED A	19-JUN-2000		R. WINEBERG	DEPF	FC4B
AQ-WE	INS /STACK	STACK TEST INPSECTION	19-JUN-2000		R. WINEBERG	PLANT	A1-MAJ

Chemical Use / Production Unit Info (From TUR reporters: N/A denotes non production unit chemic

Chemical Name	RPT YR	Production Unit Description
SULFURICACID	1999	BOILER FEEDWATER TREATMENT SYSTEM USED TO PR
SULFURICACID	1999	FUEL COMBUSTION FOR ENERGY GENERATION
SODIUM HYDROXIDE	2000	BOILER FEEDWATER TREATMENT SYSTEM USED TO PR
SULFURICACID	2000	BOILER FEEDWATER TREATMENT SYSTEM USED TO PR
SULFURICACID	2000	FUEL COMBUSTION FOR ENERGY GENERATION

Air Quality (SSEIS) Process Line Informati

Note: This data is no longer available in FMF as of 15-SEP-1997
Refer to SSEIS for info on points, stacks, segments, etc.

Annual Compliance Fee Status (ACF Status)

Note: This data is no longer available on this report as of 12-JAN-1998
Refer to BARS and ACF for ACF Status for this Facility

HI

PAGE 1 OF 1

12/01/01 09:23

EMISSION STATEMENT - PLANT INFORMATION
YEAR OF RECORD: 00

****
CORRECTIONS TO INFORMATION PROVIDED ON LEFT
****

LCON: 01 SSEIS IDENTIFIER: 042-0067 FNF: 274425

CONTACT: FRANK BASILE	PHONE: (413)789-0075	CONTACT:	PHONE:
FACILITY ADDRESS:	MAILING ADDRESS:	FACILITY ADDRESS:	MAILING ADDRESS:
BERKSHIRE POWER LLC	BERKSHIRE POWER LLC		
36 MOYLAN LANE	36 MOYLAN LANE		
AGAWAM ,MA 01001-0000	AGAWAM ,MA 01001-0000		
SIC: 4931 - ELECTRIC AND OTHER SERVICES COMBINED		SIC:	
NUMBER OF EMPLOYEES: 0019	EPA CLASS: A DEP CLASS: OP	NUMBER OF EMPLOYEES:	
UTM HOR: 694.4	UTM VERT: 4657.5	UTM HOR:	UTM VERT:
TOTAL NO. STACKS: 5	TOTAL NO. POINTS: 9	TOTAL NO. STACKS:	TOTAL NO. POINTS:
COMMENTS: INITIAL FIRING WAS ON 9/28/99; OP7.5		COMMENTS:	

PLANT POLLUTANT TOTALS (TONS/YEAR)

	ACTUAL	POTENTIAL	PERMITTED
PM10	29	82	111
SO2	6	40	56
NO2	72	97	106
CO	39	184	183
VOC	11	35	47
NH3	35	109	114

PLANT POLLUTANT TOTALS (TONS/YEAR) FOR EMISSION YEAR => (2001)

	ACTUAL	POTENTIAL	PERMITTED
PM10	26		
SO2	5		
NO2	44		
CO	11		
VOC	10		
NH3	31		

COMMENTS:

I HEREBY CERTIFY THAT I HAVE REVIEWED THIS AND ALL ATTACHED DOCUMENTS AND THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE SUBMITTED INFORMATION IS TRUE AND COMPLETE AND THAT THE AMOUNTS AND VALUES IN THESE DOCUMENTS ARE ACCURATE BASED ON MEASUREMENTS AND/OR REASONABLE ESTIMATES USING DATA AVAILABLE TO THE PREPARERS OF THESE DOCUMENTS. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR WILLFUL OR INTENTIONAL SUBMISSION OF FALSE OR INCOMPLETE INFORMATION

SIGNATURE: Frank Basile TITLE: General Manager

PRINT NAME: Frank Basile DATE: 4-15-02

RECEIVED
APR 15 2002

4-18-02

4-23-02

413-789-0701 BERKSHIRE POWER

COMMONWEALTH OF MASSACHUSETTS
DEPAR ENT OF ENVIRONMENTAL PROTEC ON
DIVISION OF HAZARDOUS MATERIALS
One Winter Street
Boston, Massachusetts 02108

FOR IN-STATE WASTE OIL ONLY OR IN-STATE VSQG HW/WO

ase print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator US EPA ID No. MA 4 1 3 7 8 9 0 0 0 7 5 — Manifest Document No. 0 9 7 5 1 9 — 2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: ISERLICHTE POWER, 36 MOYLAN LA. AGAWAM, MA. 01001

4. Generator's Phone (413) 789-0075

5. Transporter 1 Company Name: CYN OIL CORPORATION — 6. US EPA ID Number: MAD082303777

7. Transporter 2 Company Name — 8. US EPA ID Number

9. Designated Facility Name and Site Address: CYN OIL CORPORATION, 1771 WASHINGTON STREET, P.O. BOX 119, STOUGHTON, MA 02072 — 10. US EPA ID Number: MAD082303777

A. State Manifest Document Number: MA KAA1759
B. State Gen. ID: SAME
C. State Trans. ID: 151407 — MA
D. Transporter's Phone (781 341-5108
E. State Trans. ID:
F. Transporter's Phone ( )
G. State Facility's ID: Not Required
H. Facility's Phone (781 341-5108

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. PETROLEUM OIL COMBUSTIBLE LIQUID NA 1270 PG III (WASTE OIL)	001	TT	00100	G	MA99
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)
a. PASSED DEXSIL
c.
b.
d.

K. Handling Codes for Wastes Listed Above
a. S02 T50
b.
d.

15. Special Handling Instructions and Additional Information

24 HOUR EMERGENCY SPILL RESPONSE 781-341-5108 D.O.T. EMERGENCY GUIDE NO. 128

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

X Printed/Typed Name: FRANK BASILE — X Signature — Date: Month 01 Day 04 Year 02

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JAMES M. KAYLOR — Signature — Date: Month 01 Day 04 Year 02

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Richard L. Hume — Signature — Date: Month 01 Day 08 Year 02

In case of emergency or spill, immediately call the National Response Center (800) 424-8802.

GENERATOR

Form Approved OMB No. 2050-0039
EPA Form 8700-22 (Rev. 9-94) Previous editions are obsolete.

COPY>1: FACILITY MAILS TO GENERATOR

FACILITY MAILS TO GENERATOR

--- CEMS Calibration Report ---
From 00:00 06/05/02 Through 23:59 06/05/02

Berkshire Power

Parameter	End Time	--- Zero Calibration --- Value	Std.	Drift	Drift (%FS)	--- Span Calibration --- Value	Std.	Drift	Drift (%FS)
Unit #1 LoNOx	7:21	-0.0	0.0	0.0	0.0	9.2	9.3	0.1	1.2
Unit #1 HiNOx	7:21	-0.0	0.0	0.0	0.0	270.6	271.5	0.9	0.3
Unit #1 NH3	7:21	-0.0	0.0	0.0	0.0	12.4	12.7	0.3	2.2
Unit #1 CO	7:21	0.2	0.0	0.2	0.2	90.8	90.7	0.1	0.1
Unit #1 O2	7:21	-0.1	0.0	0.1		17.8	18.0	0.2	
Unit #1 Opac	8:02	-0.1	0.0	0.1		45.1	44.9	0.2	

If Instrument Full Scale is 100, Drift and %Drift will always match.

Berkshire Power, LLC

June 29, 2001

DEBP0026
File: 4330

Commonwealth of Massachusetts
Department of Environmental Protection – TURA
One Winter Street
8th Floor
Boston, MA 02108-4747

Attention: Mr. Walter Hope
TURA Chief

Subject: Berkshire Power, LLC
TURA Reporting Package

Dear Mr. Hope:

Please find Berkshire Power's TURA Reporting Package containing a Toxic Use Fee Worksheet, a TURA Billing Information Form, a Form S Cover Sheet, Form S's for sulfuric acid and sodium hydroxide, and "State Only" Form R's for sulfuric acid and sodium hydroxide.

If you have any questions or comments, please do not hesitate to contact me at (413) 789-0075.

Sincerely,

Frank Basile
General Manager

FMB:sms

Enclosures

36 Moylan Lane, Agawam, MA 01001 ⚡ Telephone: (413) 789-0075 ⚡ Fax: (413) 789-0701

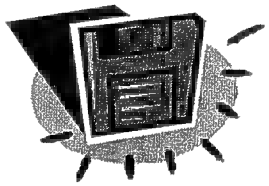
TURA 2000 Reporting Checklist

Please check the boxes before mailing in your 2000 TURA Reporting Package to ensure that the package is complete.

A	☑	Has the Fee Worksheet been completed?
B	☑	TURA Billing Information Form
C	☑	Has the Form S Cover Sheet been **SIGNED** and **DATED**?
D	☑	Have you included a Form S **FOR EACH CHEMICAL**?
E	☑	Has the Form R (or the Form A) or "State Only" Form R been signed and dated **FOR EACH CHEMICAL**? (Refer to p. 4 for details on the Form A.)
F	☐	If you are filing a Form A, have you entered a production ratio for the chemical in line 1.1? (Refer to p. 4 for information concerning this optional data element.) - N/A

When finished, please send this Checklist along with your 2000 TURA Report.

The 2000 TURA reporting instructions, including this checklist, can be downloaded via the Internet. Our direct address is:
http://www.state.ma.us/dep/bwp/dhm/tura/



Massachusetts Toxics Use Fee Worksheet

DUE: July 1, 2001 for non-PBT chemicals. Due October 1, 2001 for PBT chemicals if a 90-day extension is requested by July 1, 2001.

Facility Name BERKSHIRE POWER, LLP

Site Address 36 MOYLAN LANE

AGAWAM, MA 01001-4606

DEP Facility ID Number* _____

*** You can obtain this number from your address label. If this is your first year filing, please leave blank, and you will be assigned a number.**

The amount of your fee depends on the number of "full time employee equivalents" (2,000 work hours per year) at your facility, and the number of toxic substances for which reporting is required (i.e. the number of Form Ss you submit).

Use the following schedule to determine your fee for the 2000 reporting year.

# Full Time Employee Equivalents	Base Fee	Maximum Fee
≥ 10 and < 50	$1,850	$5,550
≥ 50 and < 100	$2,775	$7,400
≥ 100 and < 500	$4,625	$14,800
≥ 500	$9,250	$31,450

A. Determine your base fee by referring to the 2nd column above.	**LINE A:**	$1,850
B. Enter # of Form Ss you are filing:	**LINE B:**	2
C. Multiply **LINE B** by $1,100.	**LINE C:**	$2,200
D. Add **LINE A** and **LINE C**.	**LINE D:**	$4,050
E. Enter the amount from **LINE D** or from the 3rd column of the schedule (Maximum Fee) **WHICHEVER IS LESS**	**LINE E:**	$4,050

Your fee is the amount entered in LINE E. DO NOT SEND YOUR PAYMENT with your reporting package. DEP will send a bill in the amount owed after receipt of your reporting package. Payment is DUE 30 days after your recipt of the billing document.

REPORTING PACKAGES AND FEE WORKSHEETS SHOULD BE SENT WITH A POSTMARK NO LATER THAN JULY 1, 2001 TO:

Department of Environmental Protection -TURA
One Winter Street, 8th Floor
Boston, MA 02108-4747

TURA Billing Information Form – PLEASE PRINT

Please include in your Form S filing
ATTN: Christine Murphy, TURA Program

Company Name (as indicated on TUR Fee Worksheet)	BERKSHIRE POWER, LLC
Company Legal Name (as known by the MA Dept. of Revenue & Secretary of State)	BERKSHIRE POWER, LLC
Company Site Name	BERKSHIRE POWER, LLC
Company d/b/a (doing business as) Name	BERKSHIRE POWER, LLC
Company is a subsidiary of or owned by	
Chief Financial Officer/Accountant Phone# fax# ✓check if this is to whom the invoice should be sent.	GENERAL MANAGER FRANK BASILE T (413) 789-0075 F (413) 789-0701
Person responsible for Accounts Payable Phone# Fax# ✓check if this is to whom the invoice should be sent.	OFFICE / ACCOUNTS MANAGER SANDY SZLACHETKA T (413) 789-0075 F (413) 789-0701 ✓
Company Address (as indicated on TUR Fee Worksheet Form)	36 MOYLAN LANE AGAWAM, MA 01001-4606
Company Billing Address	36 MOYLAN LANE AGAWAM, MA 01001-4606
Taxpayer Identification Number (Federal Employer Identification Number or FEI)	74-286-2388

Massachusetts Department of Environmental Protection

TURA REPORT - COVER SHEET

Toxics Use Reduction Act - Form S Cover Sheet

Section 1: General Information

1.1 Facility Name, Address & DEP Facility Identification Number

Berkshire Power, LLC
36 Moylan Lane
Agawam, MA 01001-4606
DEP Facility ID =

1.2 Are you making a trade secret claim for any of the information submitted in this COVER SHEET and/or Form S(s)? ___YES _X_NO

1.3 If YES, attach a statement substantiating the claim. Is this copy: ___Sanitized ___Unsanitized

1.4 This report is being filed for reporting year: 2000

Section 2: Certification Statement

2.0 This CERTIFICATION STATEMENT should be signed after all the forms have been completed.

I hereby certify that I have reviewed this and all attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in these documents are accurate based on measurements and/or reasonable estimates using data available to the preparers of these documents. I am aware that there are significant penalties for willful or intentional submission of false or incomplete information.

Authorized Signature

Frank Basile
Print Name

General Manager
Position/Title

6-29-01
Date

Section 3: Chemicals Previously Reported That Are Not Reportable This Year

3.0 OPTIONAL QUESTION. In this section, you may provide information on any chemical reported last year that is not subject to reporting this year. If you substituted a non-listed chemical for a TURA chemical, you may identify the substitution, as well.

The codes to explain why the chemical is not reportable are: [1] Chemical Below Threshold But > 0 [2] No Chemical Usage in Reporting Year [3] Chemical Substitution [4] Chemical Eliminated (No Substitution) [5] Decline in Business [6] Other (Explain below in the additional comments section). Enter all the codes that apply.

3.1

CAS # of Chemical Not Reportable (if applicable) | Chemical Name

Explanation of Why the Chemical Is Not Reportable. (Enter Code): ☐☐☐☐

CAS # of Chemical Substituted for TURA Chemical | Chemical Name

3.2

CAS # of Chemical Not Reportable (if applicable) | Chemical Name

Explanation of Why the Chemical Is Not Reportable. (Enter Code): ☐☐☐☐

CAS # of Chemical Substituted for TURA Chemical | Chemical Name

Additional Comments:

FORM S COVER SHEET (continued)

Section 4: *Facility-Wide Listing of Production Units* - A PRODUCTION UNIT is best thought of as the combination of the process (or activities) used to produce a product or service and the product or service. In this block, please identify the PRODUCTION UNITS at the facility, then use the production unit number to report on chemical usage in the attached Form S.

If there is a substantial change in a PRODUCTION UNIT from one reporting year to the next, the PRODUCTION UNIT must be given a new, unique number. Also check of the block saying the Production Unit is new.

Production Unit #: 001

This Production Unit (Process/Product Combination) is: ____ New

Describe the Process:
Boiler Feedwater Treatment System Used to Produce Demineralized Water For Power Production Facility.

Describe the Product:
Demineralized Water Used in the Power Production Process

Enter the four-digit SIC Code(s) that best describe(s) the product:

| 4 | 9 | 1 | 1 | | | | | | | | | | | | |

Describe the Unit of Product: **Gallons of Demineralized Water**
(Please specify if the Unit of Product has been changed since the previous reporting year.)

PRODUCTION PROCESS STEP INFORMATION FOR THIS PRODUCTION UNIT

Enter the production process code(s) to identify the process step(s) that involves a TUR-reportable chemical(s) as an input, output or throughput. (See the reporting guidance document for the list of production process codes and instructions on when a given code needs to be listed.)

1. | H | H | 0 | 1 | 2. | | | | | 3. | | | | | 4. | | | | |

5. | | | | | 6. | | | | | 7. | | | | | 8. | | | | |

List below, the TURA-reportable chemicals associated with the production unit. If a chemical is associated with ALL the process steps identified above, check the ALL block. If the chemical is associated with some but not all of the process steps, put the relevant code(s) (from above) next to the chemical

Chemical(s)	Production Process
Sulfuric Acid (Chemical Name)	X ALL
7664-93-9 (CAS#)	
Sodium Hydroxide (Chemical Name)	X ALL
1310-73-2 (CAS#)	
(Chemical Name)	ALL
(CAS#)	

FORM S COVER SHEET (continued)

Section 4: *Facility-Wide Listing of Production Units* - A PRODUCTION UNIT is best thought of as the combination of the process (or activities) used to produce a product or service and the product or service. In this block, please identify the PRODUCTION UNITS at the facility, then use the production unit number to report on chemical usage in the attached Form S.

If there is a substantial change in a PRODUCTION UNIT from one reporting year to the next, the PRODUCTION UNIT must be given a new, unique number. Also check of the block saying the Production Unit is new.

Production Unit #: **002**

This Production Unit (Process/Product Combination) is: _____ New

Describe the Process:
Fuel Combustion for Energy Generation.

Describe the Product:
MWhrs of Electricity from Fuel Combustion

Enter the four-digit SIC Code(s) that best describe(s) the product:

| 4 | 9 | 1 | 1 | | | | | | | | | | | | |

Describe the Unit of Product: **Gross MWhrs**
(Please specify if the Unit of Product has been changed since the previous reporting year.)

PRODUCTION PROCESS STEP INFORMATION FOR THIS PRODUCTION UNIT

Enter the production process code(s) to identify the process step(s) that involves a TUR-reportable chemical(s) as an input, output or throughput. (See the reporting guidance document for the list of production process codes and instructions on when a given code needs to be listed.)

1. | J | J | 0 | 1 | 2. | | | | | 3. | | | | | 4. | | | | |

5. | | | | | 6. | | | | | 7. | | | | | 8. | | | | |

List below, the TURA-reportable chemicals associated with the production unit. If a chemical is associated with ALL the process steps identified above, check the ALL block. If the chemical is associated with some but not all of the process steps, put the relevant code(s) (from above) next to the chemical

Chemical(s)	Production Process
Sulfuric Acid (Chemical Name)	X ALL
7664-93-9 (CAS#)	
(Chemical Name)	ALL
(CAS#)	
(Chemical Name)	ALL
(CAS#)	

Facility Name:	Berkshire Power, LLP	Facility ID#	Agawam
Chemical:	Sulfuric Acid	Reporting Year	2000

Massachusetts Department of Environmental Protection

TURA REPORT - FORM S

Toxics Use Reduction Act - Chemical Usage Facility-Wide & by Production Units

Section 1: Facility-Wide Usage of Listed Chemical

1.1 **7664-93-9**
Chemical Abstract Service (CAS) Number (if applicable)

Sulfuric Acid
Chemical Identification (from Form R)
(All entries for Dioxin will be assumed to be in grams, decimal points may be used)

1.2 Facility-Wide Usage of Chemical Identified in 1.1 above. Enter total amount (in POUNDS) for each applicable category.
NOTE: Byproduct (item 1.2d) generally means all wastes containing the listed chemical before the waste is treated or recycled. Read the instructions carefully, however, before completing this section.

1.2a	Manufactured:	**437**	1.2d Generated as Byproduct:	**18,264**
1.2b	Processed:	**NA**	1.2e Shipped in or as Product:	**0**
1.2c	Otherwise Used:	**35,654**		

1.3 OPTIONAL QUESTION. When the amounts reported in 1.2a, 1.2b, and 1.2c are added together, the sum will -- in many cases -- equal the sum of 1.2d and 1.2e. In other words, the left and right columns will often form a "materials balance." If the two columns are not in approximate balance, you may use this block to explain why. Mark all the reasons that apply, or indicate the number of pounds in the appropriate block below. (i.e.: 4,000 Chemical was held in inventory).

NA Chemical was recycled on site.
NA Chemical was held in inventory.
NA Other (explain):
X Chemical was consumed or transformed.
NA Chemical is a compound.

1.4 OPTIONAL QUESTION: Did anything non-routine occur at your facility during the reporting year which affected the data reported?

____ YES **X** NO If YES, you may use this space to comment:

Section 2: Chemicals Used in Waste Treatment Units

2.1 Is this chemical used to treat waste or control pollution? **X** YES ____ NO

If YES, enter the quantity of chemical code for the amount used to treat waste or control pollution: **C**

OPTIONAL -- You may enter the amount: _____

Section 3: TURA Report on Production Unit #: **001** (Enter # from the Form S Cover Sheet.)

3.1 Base Year: **1999**

3.2 Quantity of Chemical Code: **C**

3.3 Toxics Use Reduction Techniques Code: **N A**

3.4 Byproduct Reduction Index: **99**

3.5 Emissions Reduction Index: **NA**

If there has been a change from one reporting year to the current year in a (1) base year, and/or (2) estimating methods (that significantly alter previously reported data) for this PRODUCTION UNIT REPORT, describe the change:

OPTIONAL SECTION: If the BRI or ERI are negative or they do not accurately reflect progress, you may use this section to describe why.

There are no emissions from this Production Unit. Calendar Year 2000 is the first complete year of operation.

Facility Name:	Berkshire Power, LLP	Facility ID#	Agawam
Chemical:	Sulfuric Acid	Reporting Year	2000

TURA Report on Production Unit #: 002 (Enter # from the Form S Cover Sheet.)

3.1 Base Year: 1999

3.2 Quantity of Chemical Code: | A |

3.3 Toxics Use Reduction Techniques Code: | N | A | | | | | | | | | | | | |

3.4 Byproduct Reduction Index: 4

3.5 Emissions Reduction Index: 4

If there has been a change from one reporting year to the current year in a (1) base year, and/or (2) estimating methods (that significantly alter previously reported data) for this PRODUCTION UNIT REPORT, describe the change:

OPTIONAL SECTION: If the BRI or ERI are negative or they do not accurately reflect progress, you may use this section to describe why.

Facility Name:	Berkshire Power, LLP	Facility ID#	Agawam
Chemical:	Sodium Hydroxide	Reporting Year	2000

Massachusetts Department of Environmental Protection

TURA REPORT - FORM S

Toxics Use Reduction Act - Chemical Usage Facility-Wide & by Production Units

Section 1: Facility-Wide Usage of Listed Chemical

1.1 **1310-73-2**
Chemical Abstract Service (CAS) Number (if applicable)

Sodium Hydroxide
Chemical Identification (from Form R)
(All entries for Dioxin will be assumed to be in grams, decimal points may be used)

1.2 Facility-Wide Usage of Chemical Identified in 1.1 above. Enter total amount (in POUNDS) for each applicable category.
NOTE: Byproduct (item 1.2d) generally means all wastes containing the listed chemical before the waste is treated or recycled. Read the instructions carefully, however, before completing this section.

1.2a	Manufactured:	NA	1.2d Generated as Byproduct:	10,504
1.2b	Processed:	NA	1.2e Shipped in or as Product:	0
1.2c	Otherwise Used:	21,009		

1.3 OPTIONAL QUESTION. When the amounts reported in 1.2a, 1.2b, and 1.2c are added together, the sum will -- in many cases -- equal the sum of 1.2d and 1.2e. In other words, the left and right columns will often form a "materials balance." If the two columns are not in approximate balance, you may use this block to explain why. Mark all the reasons that apply, or indicate the number of pounds in the appropriate block below. (i.e.: 4,000 Chemical was held in inventory).

NA Chemical was recycled on site.
NA Chemical was held in inventory.
NA Other (explain):
X Chemical was consumed or transformed.
NA Chemical is a compound.

1.4 OPTIONAL QUESTION: Did anything non-routine occur at your facility during the reporting year which affected the data reported?

___ YES X NO If YES, you may use this space to comment:

Section 2: Chemicals Used in Waste Treatment Units

2.1 Is this chemical used to treat waste or control pollution? X YES ___ NO

If YES, enter the quantity of chemical code for the amount used to treat waste or control pollution: [C]

OPTIONAL -- You may enter the amount: ___

Section 3: TURA Report on Production Unit #: 001 (Enter # from the Form S Cover Sheet.)

3.1 Base Year: 2000

3.2 Quantity of Chemical Code: [C]

3.3 Toxics Use Reduction Techniques Code: [N][A] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ]

3.4 Byproduct Reduction Index: 0

3.5 Emissions Reduction Index: NA

If there has been a change from one reporting year to the current year in a (1) base year, and/or (2) estimating methods (that significantly alter previously reported data) for this PRODUCTION UNIT REPORT, describe the change:

OPTIONAL SECTION: If the BRI or ERI are negative or they do not accurately reflect progress, you may use this section to describe why.

There are no emissions from this Production Unit.

(IMPORTANT: Type or print; read instructions before completing form)

Form Approved OMB Number: 2070-0093
Approval Expires: 01/31/2003

EPA "STATE-ONLY"

FORM R

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

United States Environmental Protection Agency

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center, P.O Box 3348, Merrifield, VA 22116-3348, ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision: [ ]

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2000

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
[ ] Yes (Answer question 2.2; Attach substantiation forms) [X] No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
FRANK BASILE GENERAL MANAGER		06/29/2001

SECTION 4. FACILITY IDENTIFICATION

4.1

Facility or Establishment Name	TRI Facility ID Number
BERKSHIRE POWER, LLC	NEW FACILITY
Street	**Facility or Establishment Name or Mailing Address (if different from street address)**
36 MOYLAN LANE	
City/County/State/Zip Code	**Mailing Address**
AGAWAM HAMPDEN MA 01001-4606	
	City/State/Zip Code / **Country (Non-US)**

4.2 This report contains information for: (Important: check a or b; check c or d if applicable)
a. [X] An entire facility b. [ ] Part of a facility c. [ ] A Federal facility d. [ ] GOCO

4.3	Technical Contact Name: RON RINAOLO	Telephone Number (include area code): (413) 789-0075
4.4	Public Contact Name: RON RINAOLO	Telephone Number (include area code): (413) 789-0075

4.5 SIC Code (s) (4 digits)

Primary					
a. 4911	b.	c.	d.	e.	f.

4.6 Latitude / Longitude

Latitude Degrees	Latitude Minutes	Latitude Seconds	Longitude Degrees	Longitude Minutes	Longitude Seconds
42	02	50	072	38	55

4.7 Dun & Bradstreet Number(s) (9 digits)	4.8 EPA Identification Number (RCRA I.D. No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 807560094	a. NA	a. NA	a. NA
b.	b.	b.	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA [X]	
5.2	Parent Company's Dun & Bradstreet Number	NA [X]	

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number
NEW FACILITY
Toxic Chemical, Category or Generic Name
SULFURIC ACID - (1994 AND AFTER "ACID AEROSOLS" ONLY)

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
7664939

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
SULFURIC ACID - (1994 AND AFTER "ACID AEROSOLS" ONLY)

1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)
NA

1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.
(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

NA	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
X																	

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:
- a. [X] Produce
- b. [ ] Import

If produce or import:
- c. [ ] For on-site use/processing
- d. [ ] For sale/distribution
- e. [X] As a byproduct
- f. [ ] As an impurity

3.2 Process the toxic chemical:
- a. [ ] As a reactant
- b. [ ] As a formulation component
- c. [ ] As an article component
- d. [ ] Repackaging
- e. [ ] As an impurity

3.3 Otherwise use the toxic chemical:
- a. [ ] As a chemical processing aid
- b. [ ] As a manufacturing aid
- c. [X] Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 [04] (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA [X]	NA		
5.2	Stack or point air emissions	NA [ ]	437	O	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	NA				
5.3.2					
5.3.3					

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box [1]
and indicate the Part II, Section 5.3 page number in this box. [1] (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compou nds, report in grams/year

** Range Codes: A=1 - 10 pounds; B=11 - 499 pounds; C=500 - 999 pounds

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
NEW FACILITY
Toxic Chemical, Category or Generic Name
SULFURIC ACID - (1994 AND AFTER "ACID AEROSOLS" ONLY)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	X	NA	
5.4.2	Underground Injection onsite to Class II-V Wells	X	NA	
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	X	NA	
5.5.1B	Other landfills	X	NA	
5.5.2	Land treatment/application farming	X	NA	
5.5.3	Surface Impoundment	X	NA	
5.5.4	Other disposal		0	O

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)
0	O

6.1.B.1	POTW Name	SPRINGFIELD REGIONAL WWTF						
POTW Address		TWO BONDI ISLAND ROAD						
City	AGAWAM		State	MA	County	HAMPDEN	Zip	01001-
6.1.B.2	POTW Name	NA						
POTW Address								
City			State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box [1] and indicate the Part II, Section 6.1 page number in this box [1] (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1	Off-Site EPA Identification Number (RCRA ID No.)	NA						
Off-Site Location Name	NA							
Off-Site Address								
City		State	MA	County		Zip		Country (Non-US)

Is location under control of reporting facility or parent company? [ ] Yes [X] No

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds; C = 500 - 999 pounds

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
NEW FACILITY
Toxic Chemical, Category or Generic Name
SULFURIC ACID - (1994 AND AFTER "ACID AEROSOLS" ONLY)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. NA	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City | State | County | Zip | Country (Non-US)

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☐ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b: 1 C11 2 NA; 3 4 5; 6 7 8	7A.1c	7A.1d	7A.1e
W		2	100 %	Yes X / No
7A.2a	7A.2b: 1 2; 3 4 5; 6 7 8	7A.2c	7A.2d	7A.2e
			%	Yes / No
7A.3a	7A.3b: 1 2; 3 4 5; 6 7 8	7A.3c	7A.3d	7A.3e
			%	Yes / No
7A.4a	7A.4b: 1 2; 3 4 5; 6 7 8	7A.4c	7A.4d	7A.4e
			%	Yes / No
7A.5a	7A.5b: 1 2; 3 4 5; 6 7 8	7A.5c	7A.5d	7A.5e
			%	Yes / No

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box: 1

and indicate the Part II, Section 6.2/7A page number in this box: 1 (example: 1,2,3, etc)

* For Dioxin or Dioxin-like compounds, report in grams/year

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
NEW FACILITY
Toxic Chemical, Category or Generic Name
SULFURIC ACID - (1994 AND AFTER "ACID AEROSOLS" ONLY)

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[X] Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 NA | 2 | 3 | 4

SECTION 7C. ON-SITE RECYCLING PROCESSES

[X] Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1. NA | 2. | 3. | 4. | 5.

6. | 7. | 8. | 9. | 10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1	Quantity released ***	2	437	437	437
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	6227	17827	17827	17827
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0	
8.9	Production ratio or activity index			0000227.54	

8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.

	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.

8.11 Is additional information on source reduction, recycling, or pollution control activities included with this report ? (Check one box)

YES [ ] NO [X]

* For Dioxin or Dioxin-like compounds, report in grams/year

*** Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite

(IMPORTANT: Type or print; read instructions before completing form)

Form Approved OMB Number: 2070-0093
Approval Expires: 01/31/2003

EPA "STATE-ONLY" **FORM R** TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

United States Environmental Protection Agency

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center, P.O Box 3348, Merrifield, VA 22116-3348, ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision: [ ]

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2000

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
[ ] Yes (Answer question 2.2; Attach substantiation forms) [X] No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
FRANK BASILE GENERAL MANAGER	Frank J. Basile	06/29/2001

SECTION 4. FACILITY IDENTIFICATION

4.1

Facility or Establishment Name	TRI Facility ID Number
BERKSHIRE POWER, LLC	NEW FACILITY

Street	Facility or Establishment Name or Mailing Address(if different from street address)
36 MOYLAN LANE	

City/County/State/Zip Code	Mailing Address		
AGAWAM HAMPDEN MA 01001-4606	City/State/Zip Code		Country (Non-US)

4.2 This report contains information for: (Important : check a or b; check c or d if applicable) a. [X] An entire facility b. [ ] Part of a facility c. [ ] A Federal facility d. [ ] GOCO

4.3	Technical Contact Name	RON RINAOLO	Telephone Number (include area code): (413) 789-0075
4.4	Public Contact Name	RON RINAOLO	Telephone Number (include area code): (413) 789-0075

4.5 SIC Code (s) (4 digits)	Primary	b.	c.	d.	e.	f.
	a. 4911					

4.6	Latitude	Degrees	Minutes	Seconds	Longitude	Degrees	Minutes	Seconds
		42	02	50		072	38	55

4.7 Dun & Bradstreet Number(s) (9 digits)	**4.8** EPA Identification Number (RCRA I.D. No.) (12 characters)	**4.9** Facility NPDES Permit Number(s) (9 characters)	**4.10** Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 807560094	a. NA	a. NA	a. NA
b.	b.	b.	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA [X]	
5.2	Parent Company's Dun & Bradstreet Number	NA [X]	

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number: NEW FACILITY

Toxic Chemical, Category or Generic Name: SODIUM HYDROXIDE

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

~~NA~~ 1310-73-2

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

SODIUM HYDROXIDE

1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)

NA

1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.

(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

NA	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
X																	

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

SODIUM HYDROXIDE

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:

- a. [ ] Produce
- b. [ ] Import

If produce or import:

- c. [ ] For on-site use/processing
- d. [ ] For sale/distribution
- e. [ ] As a byproduct
- f. [ ] As an impurity

3.2 Process the toxic chemical:

- a. [ ] As a reactant
- b. [ ] As a formulation component
- c. [ ] As an article component
- d. [ ] Repackaging
- e. [ ] As an impurity

3.3 Otherwise use the toxic chemical:

- a. [ ] As a chemical processing aid
- b. [ ] As a manufacturing aid
- c. [X] Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 04 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA [X]	NA		
5.2	Stack or point air emissions	NA [X]	NA		
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	NA				
5.3.2					
5.3.3					

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box [1] and indicate the Part II, Section 5.3 page number in this box. [1] (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
NEW FACILITY
Toxic Chemical, Category or Generic Name
SODIUM HYDROXIDE

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	X	NA	
5.4.2	Underground Injection onsite to Class II-V Wells	X	NA	
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	X	NA	
5.5.1B	Other landfills	X	NA	
5.5.2	Land treatment/application farming	X	NA	
5.5.3	Surface Impoundment	X	NA	
5.5.4	Other disposal		0	O

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)
0	O

6.1.B.1	POTW Name	SPRINGFIELD REGIONAL WWTF					
POTW Address		TWO BONDI ISLAND ROAD					
City	AGAWAM	State	MA	County	HAMPDEN	Zip	01001-
6.1.B.2	POTW Name	NA					
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box [1] and indicate the Part II, Section 6.1 page number in this box [1] (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1	Off-Site EPA Identification Number (RCRA ID No.)	NA							
Off-Site Location Name	NA								
Off-Site Address									
City		State	MA	County		Zip		Country (Non-US)	

Is location under control of reporting facility or parent company? [ ] Yes [X] No

* For Dioxin or Dioxin-like compounds, report in grams/year

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
NEW FACILITY
Toxic Chemical, Category or Generic Name
SODIUM HYDROXIDE

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. NA	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)	
Off-Site location Name	
Off-Site Address	

City		State		County		Zip	-	Country (Non-US)	

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☐ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b 1 C11 2 NA	7A.1c	7A.1d	7A.1e
W	3 4 5 / 6 7 8	2	100 %	Yes [X] No [ ]
7A.2a	7A.2b 1 2	7A.2c	7A.2d	7A.2e
	3 4 5 / 6 7 8		%	Yes [ ] No [ ]
7A.3a	7A.3b 1 2	7A.3c	7A.3d	7A.3e
	3 4 5 / 6 7 8		%	Yes [ ] No [ ]
7A.4a	7A.4b 1 2	7A.4c	7A.4d	7A.4e
	3 4 5 / 6 7 8		%	Yes [ ] No [ ]
7A.5a	7A.5b 1 2	7A.5c	7A.5d	7A.5e
	3 4 5 / 6 7 8		%	Yes [ ] No [ ]

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box [1]
and indicate the Part II, Section 6.2/7A page number in this box : [1] (example: 1,2,3, etc)

* For Dioxin or Dioxin-like compounds, report in grams/year

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
NEW FACILITY
Toxic Chemical, Category or Generic Name
SODIUM HYDROXIDE

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[X] Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 NA | 2 | 3 | 4

SECTION 7C. ON-SITE RECYCLING PROCESSES

[X] Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1. NA | 2. | 3. | 4. | 5.

6. | 7. | 8. | 9. | 10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1	Quantity released ***	0	0	0	0
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	4200	10500	10500	10500
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0	
8.9	Production ratio or activity index			0000227.54	

8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.

	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.

8.11 Is additional information on source reduction, recycling, or pollution control activities included with this report ? (Check one box) — YES [ ] NO [X]

* For Dioxin or Dioxin-like compounds, report in grams/year

*** Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite

4447

SPRINGFIELD WATER
AND SEWER COMMISSION

POST OFFICE BOX 995
SPRINGFIELD, MASSACHUSETTS
01101-0995

413 787-6256
FAX 413 787-6269

RECEIVED OCT 2 7 1999

October 26, 1999

Mr. Frank Basile
General Manager
Berkshire Power, L.L.C.
36 Moylan Lane
Agawam, MA 01001

Re: Issuance of Industrial Wastewater Discharge Permit

Dear Industrial User:

The Springfield Water and Sewer Commission is authorized to enforce the Pretreatment Program required under Clean Water Act of 1977 (Pub. L. 95-217), the Federal Water Pollution Control Act (Pub. L. 92-500), the Water Quality Act of 1987 (Pub. L. 100-4), and the Code of Federal Regulations, Title 40, Part 403.8, through Massachusetts General Law Chapter 392 of the Acts of 1985 (as amended), the Commission's Sewer Use Regulation, and the intermunicipal treatment agreements with municipalities that discharge to the Springfield Water and Sewer Commission's Regional Wastewater Treatment Facility.

Enclosed is a copy of your company's Industrial Wastewater Discharge Permit (IWDP #24200) which is your legal authorization to discharge to the Springfield Water and Sewer Commission's Regional Wastewater Treatment Facility in accordance with the listed limitations and conditions. Your company's IWDP was developed using information supplied from the IWDP application. Please review your IWDP and inform the Industrial Pretreatment Program of any recent changes which affect your company's IWDP. If necessary, revisions to the IWDP can be made.

The Industrial Pretreatment Program (IPP) is delegated by the U. S. Environmental Protection Agency to protect the wastewater treatment system from the effects of industrial wastewater by regulating industrial wastewater sources and federally regulated categorical industrial processes. The IPP is supported through permit fees paid by the regulated industrial users of the wastewater treatment system. All costs associated with the IPP are shared totally by the industries on a proportional share basis. Each permitted industry will be billed on a yearly basis for its share of the IPP's annual budget.

The issuance of your IWDP confirms the unending, long term environmental commitment between each regulated industry and the IPP. Please contact me at (413) 787-7860 if you have any questions or if you wish to schedule a meeting to discuss your IWDP.

Sincerely,
Springfield Water and Sewer Commission

By: _____
Robert Weaver
Industrial Pretreatment Manager

enclosure

cc: J. Lyons, Executive Director
D. Borgatti, Operations Director